SIGNATURE CARD

FOR MONTHLY INTERIM PAYMENT CLAIM FOR FISCAL YEAR 1999-00 (Form ADP 7890)

County or Direct Contract Provider:			Contract #:	
Printed Name		_		
County or Direct Co	ontractor Fiscal Representa	tive: (Person who pr	epares the ADP 7890)	
	()			
Printed Name	Telephone Number	Signature	Date	
to the patient by the provider person(s) are designated on health of the patient. The proconcealment of a material factor from the date of service all reto furnish these records which records and any information reprograms; California Departrof State Controller; U.S. Departs	or under his direction by another person this form. The services were, to the best ovider understands that payment of this cet, may be prosecuted under federal and/ecords which are necessary to disclose fully the extent regarding payments claimed for providing ment of Health Services; Medi-Cal Frauctions	eligible under the Medi-Cal Pr t of the provider's knowledge, laim will be from federal and/o or state law. The provider agr ally the extent of services furni of services furnished to the pa the services on request to the of Unit, California Department of their duly authorized represent	PAYMENT CLAIM, have been provided ogram to provide such services and such medically indicated and necessary to the r state funds, and that any falsification, or less to keep for a minimum of three years shed to the patient. The provider agrees tient. The provider agrees to furnish these California Department of Alcohol and Drug of Justice; Medi-Cal Audits Project, Office statives. Medical care services are offered to, or physical or mental disability.	
Printed Name	ig Program Administrator:	Signature	Date	
Executed at:			. CA	
that I have not violated any of is claimed herein is in accord	the provisions of Sections 1090 through dance with Chapter 3, Division 5 of the Wects true, correct, and in accordance with	1096 of the Government Code; /elfare and Institutions Code;	Program services in and for said claimant; that the amount for which reimbursement and that to the best of my knowledge and	
Printed Name		Signature	Date	
Executed at:			, CA	
County or Direct Co	ontractor Auditor-Controller	, Finance Officer, etc	::	
· .		•	e examination and settlement of accounts.	
Printed Name	Title	s Signature	Date	
FIIIILEU INAIIILE	Tille	Signature	Date	

Executed at:

, CA